Office	State of New Mexico	Form C-103	
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 882400BBS OCD	Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.	
<u>District II</u> - (575) 748-1283	NSERVATION DIVISION	30-025-23330	
<u>District III</u> – (505) 334-6178 JUN 1 1 201822	20 South St. Francis Dr.	5. Indicate Type of Lease STATE STATE •	
Dist : NI (200) 47(24(0)	Santa Fe, NM 87505	6. State Oil & Gas Lease No.	
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NNRECE 55 87505		N/A	
SUNDRY NOTICES AND REP (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL C DIFFERENT RESERVOIR. USE "APPLICATION FOR PER PROPOSALS.)	OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name State "B"	
	Other	8. Well Number	
2. Name of Operator		9. OGRID Number:	
Occidental Permian Ltd Partnership		157984	
3. Address of Operator P.O. Box 4294, Houston, Tx 77210		10. Pool name or Wildcat: Hobbs; Tubb (Gas) & Hobbs; Drinkard	
4. Well Location (Surface)			
Unit Letter C: 660 feet from the North line and 1980 feet from the West line			
	ownship 18S Range 38		
11. Elevation 3345' (GL)	(Show whether DR, RKB, RT, GR, etc	».)	
5345 (UL)		be that any second definition of the second definition of the second definition of the second definition of the	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK 🗍 🛛 PLUG AND A	BANDON	RK 🔲 ALTERING CASING 🗌	
	—		
PULL OR ALTER CASING DOWNHOLE COMMINGLE			
OTHER:	OTHER:		
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of			
proposed completion or recompletion.			
1) MIRU PU. ND Wellhead. NU BOP.			
 POOH w/ production equipment 			
3) Trip a bit and cleanout well to PBTD	During thi	s procedure we plan to use	
4) RIH with CIBP and SA 6400' (30' above top5) Cap with 100' cement	the closed	-loop system with a steel	
6) Tag to confirm TOC at ± 6300 '	tank and I	haul contents to the required	
7) Circulate packer fluid to surface	disposal p	er ODC Rule 19.15.17	
 8) Perform MIT 9) ND BOP. NU Wellhead. RDMO PU 	Conditio	n of Ammunity (10	
,		n of Approval: notify	
	ОСЛ	obbs office 24 hours	
	prior of run	ning MIT Test & Chart	
Spud Date:	Rig Release Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE			
Type or print name Jacob S. Cox E-mail address: Jacob Cox@oxy.com PHONE: 713-497-2053			
Type or print name <u>Jacob S. Cox</u> E-mail address: <u>Jacob Cox@oxy.com</u> PHONE: <u>713-497-2053</u>			
VII a la Manuta Aolat 1.11/2018			
APPROVED BY: DATE OF THE DATE DATE OF THE OF THE DATE			
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